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ABSTRACT

This paper presents a follow-up of what happened to health service personnel two years after training in an innovative program. Residents of a disadvantaged community were trained to serve as Family Health Workers, being provided with employment opportunities as well as academic accreditation. The program included academic courses related to community health practice and on-the-job training in public health field settings. The Model Cities Family Health Worker program was evaluated for the most part as a success. However, if the program were to be repeated, recommendations are made for a closer integration of academic and on-the-job training. In addition, another counselor would be needed to supervise and counsel the trainees. More curriculum input from supporting hospitals in the training process would be an essential addition and hopefully neighborhood health centers would play a greater role in field training. (Author/WS)

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HEALTH PARAPROFESSIONALS FOR A MODEL CITIES PROGRAM: A REVIEW AND EVALUATION TWO YEARS AFTER TRAINING

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HEALTH PARAPROFESSIONALS FOR A MODEL CITIES PROGRAM: A REVIEW AND EVALUATION TWO YEARS AFTER TRAINING

The fact that traditional sources and types of health manpower cannot adequately meet currently expressed community health needs has been frequently reported and well documented. An increase in both total quantity and new kinds of manpower -- if we are to begin to be able to extend health services equitably to all persons presently in need -- is required. Because of public and professional awareness of the need to expand health manpower, we can look forward to a period of innovation and experimentation in the development of new allied health roles and functions, as well as innovations in the training and education of such personnel.

This paper briefly presents a follow-up, two years after training, of what happened to personnel trained in one such program. An earlier paper, describing the development and goals of this program, was presented at the 1971 Annual Meeting of the American Orthopsychiatric Association, Washington, D.C.

In September, 1969, Health Staff of the Boston Model Cities Program, in conjunction with city officials and neighborhood residents, planned and implemented a two-year Neighborhood Health Worker education program designed to train 20 community residents to function

as Family Health Workers. The program was specifically designed for residents of a disadvantaged community to provide them not only with employment opportunities in the health field, but also academic accreditation to assure future career mobility as well.

Through a contractual agreement with Northeastern University, Boston, college credits were provided for courses provided at the University in liberal arts and basic allied health sciences, and for a considerable portion of public health field work provided by other health agencies; students in the program attended classes with regular University students and were graded and evaluated on a comparable basis, even though several of them had never completed high school or the equivalent. In addition to the training and education provided, students were assured of employment as Family Health Workers in three planned Model City health centers upon successful completion of one year of the program.

Of the 20 students who were included in the program, 16 completed the first year's curriculum satisfactorily, the remaining 4 students dropped out during the first month, primarily for personal reasons. The first year of the program included both academic courses related to community health practice and on-the-job training in public health field settings. At the end of the second year of the program, 10 students received certificates. Of the 6 remaining students who withdrew during the second year, 2 dropped out due to illness, 1 resigned for personal reasons, and 3 were terminated for

various reasons, related to work discipline or job performance.

One of the successful graduates has now chosen medical records technology as her career goal and received certification as a medical records technician in September, 1971; she is currently working in the medical records room in one of the Model Cities Neighborhood Health Centers. Another graduate, who enrolled in a Bachelor of Science in social work program, completed a third year of academic training, and is presently working in the social service division of one of the Model Cities Centers. The remaining eight graduates were distributed among three Neighborhood Health Centers, where they are now full-time employees of the agency, while continuing college work part-time towards an associate in arts or more advanced college degree.

Job Functions.

Although Family Health Workers are part of the health team and are responsible to the medical directors of the centers, they are directly supervised by the nursing staff. As an integral part of health care teams providing patient care, Family Health Workers perform outreach and follow-up activities, and work mostly in the outpatient clinic area with nurses and physicians. The workers rely on public health nurses for supervision, guidance and assistance in providing service to families, and in helping to coordinate the medical and social management of patients with particularly complex

problems. Family Health Workers also play an especially important role in providing insights into the social and family components of a patient's medical problem.

Education.

The Model Cities agency has made a commitment to the career advancement of paramedical personnel hired from the community -- a commitment carrying with it obligations to provide academic as well as in-service education. The agency also stimulates and encourages employees to avail themselves of existing educational opportunities which contribute to their job performance and effectiveness. Family Health Workers are allowed five hours educational release-time per week, with the agency reimbursing the workers at the conclusion of their completed courses.

The health field has not yet developed to the point where allied health paraprofessionals (e.g. nurse assistants, family health workers, nurses aides, etc.) can accrue their past education and training wowards nursing or one of the more highly skilled health professions. There appears to be an over-emphasis on "aides" in the new careers movement in general, with a lack of focus on how "aides" might become professionals. It is important that the in-service educational training which is usually conducted by M.D.'s, R.N.'s and other professional personnel in multiple settings, be accredited, recognized, and accepted by many agencies in the health delivery system. Some form

of academic accreditation of such training greatly enhances its acceptibility to other health agencies. It is just this type of mobility, as well as career advancement opportunities, which the Model Cities program has attempted to achieve.

Salaries.

Trainees during the first year of the program, while participating in training, received a salary of $100.00 weekly. Seventy dollars ($70.00) was paid by the local anti-poverty agency, Action for Boston Community Development, and the Model Cities program provided the remaining thirty dollars ($30.00).

Upon completion of the first year, the trainees were employed by Model Cities and received a weekly salary of one hundred fifteen dollars ($115.00). Some of the Family Health Workers are presently earning $132.00 weekly. This group of workers are in the employ of a local hospital which created a new position ranking between a traditional nurses aid and a practical nurse. Should the Model Cities agency (and health centers) ever phase out of existence, the Family Health Workers are already qualified and acceptible for nurse staffing positions at several of the hospitals in Boston which provide supporting services to the Model Cities health program.

Problems.

In the future, more Family Health Workers will be needed in a

variety of health programs to fill vacated job positions or to create new and more effective catagories of health workers. Because of scarcity of training funds and stipends for living expenses, there may be difficulty gaining support for the type of overall academic preparation achieved by the present program. Lack of academic credentials often creates a barrier to the classification and employment of new allied health personnel. Nevertheless, the value of the academic preparation which students received during the first year of this program has been questioned, on the assumption that this type of academic work is costly and not really necessary for the education of effective family health workers. In our view, such preparation, however costly, must be an integral part of new career and upgrading programs.

Educational release-time has also become a controversial issue with the Model Cities and with other health agencies. Staff in key roles at the health centers question whether release-time should be allowed if the efficiency of a functioning unit is to be retained while Family Health Workers attend school. As a rule, courses which are job related are offered during the day, but it is difficult to encourage workers to participate in evening sessions. In any case, such efforts must be considered mandatory if opportunities for continuing education and career development are to be provided.

During the first year of training, Family Health Workers functioned as a cohesive group. At the end of that time and upon

employment, they were suddenly divided among three health centers and had to relate to different types of supervision. At first, trainees frequently found it difficult to respond to new and varying types of supervision. However, with constant support from both their training and work supervisors, a smooth transition was achieved.

Career Ladder.

It is hoped that with on-going in-service education, and with continued academic course-work at accredited institutions of higher learning, the family health workers can progress from trainee, to family health worker, to family health worker supervisor, to a specific health-related field: e.g., technician (laboratory of x-ray), dental assistant, nurse, physician assistant, etc.

Evaluation.

For the most part, the Model Cities Family Health Worker program has been a success; however, if the program is repeated, a closer integration of academic and on-the-job training during the first year, as well as during subsequent employment, would be recommended. An additional counselor would also be needed since it is a quite difficult task to supervise adequately and counsel as many as 16 trainees, especially when they are entering college later in life as our trainees did. More curriculum input from supporting hospitals in the training process would be essential, in addition to greater funding

support from the municipal anti-poverty agencies. Hopefully, if we undertake another program, our own neighborhood health centers will play an important role in field training, adding greater internal cohesiveness to our training and future employment settings.